



LTS/WO# _____

LEAP Testing Service

CHAIN OF CUSTODY

Contact (Report will be sent to)

Name: _____ Email: _____

Company: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Additional emails to receive report: _____

Reports will be sent electronically (e.g., Email)

Hard Copy Report (\$5 Charge)

SAMPLE INFORMATION

Sample Date	Sample Time: _____ AM /PM	Sampled By: _____
Sample Location (Site Name/Address): _____		
Sampling Point (e.g., Kitchen Sink, Lot #): _____		

Analyses Requested (Please Check)

Test Packages

D01 Basic (FHA/VA) _____ D02 Homeowner's _____ D03 Comprehensive _____

Individual Tests

*Bacteria (Total Coliform/E.coli) Presence/Absence _____ or Most Probable Number _____

Alkalinity _____ Hardness _____ Nitrate / Nitrite _____

Chloride _____ Corrosivity _____ pH _____

Fluoride _____ Sulfate _____ Total Dissolved Solids _____

Metals A (please circle): Calcium, Copper, Iron, Magnesium, Manganese, Potassium, Sodium

Metals B (please circle): Mercury, Arsenic, Barium, Cadmium, Chromium, Lead, Nickel, Zinc

Other (please indicate): _____

*Note: Bacteria in all Test Packages are Presence/Absence; Most Probable Number adds \$5.00)

Samples must be dropped off the same day you sample in order for analysis to be performed within required hold time.

LEAP Testing Service (LTS) may be unable to perform a portion of the requested testing and will subcontract the analysis to another accredited laboratory. By signing this document, you are attesting that you have been informed by LTS of the intent to subcontract and are in agreement with this action.

Signature: _____ **Date & Time:** _____ AM/PM

*****FOR LABORATORY USE ONLY*****

Bottles Received: Bacti _____ 125mL _____ 250mL _____ 500mL _____ 1000mL _____ Other: _____

Received by: _____ Received Date & Time: _____

On Ice & Temp.: Y / N _____ °C Credit Card / Check / Cash _____ \$ _____